FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000102952 1. Corporation Name

VENTURE MEDICAL DEVICES, INC.

Drivering Diseas of Business

Mailing Address

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90178 041 ***150.00



ce of Business	Malling Address							
CIRCLE	17040 WINNERS CIF	RCLE						
556	ODESSA FL 33556	ODESSA FL 33556			DO NOT WRITE	IN TUIC	CDACE	
						IN THIS	SPACE	
					· _			
	·····							
Place of Business	2a. Mailing Addre	SS			4. FEI Number 19047/	24		plied For
	26				63-088 736			t Applicable
. #, etc.	Suite, Apt. #,	etc.			5. Certifcate of Status Desired		•	
	27							
te	City & State				6. Election Campaign Financing			
	28							7 Fees
	— ·	¬ ''						
		30	-					
9. Name and Address of Cu	rrent Registered Agent		94	Nome	10. Name and Address of New Re	JISTELEU P	yent	
ON CRECORY V			"	name				
			82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)		
SSA FL 33556			83					
			84	City			85 Zip C	ode
		<u> </u>		-	·			
to the provisions of Sections 607.	.0502 and 607.1508, Florida	a Statutes, the a	above-i	named corpo	oration submits this statement for the pu	rpose of c	hanging its tment as rec	registered
registered agent, or both, in the Si am familiar with, and accept the ob	oligations of, Section 607.0	505, Florida Stat	tutes.	e corporado	in a board of directors. Thereby decept t	in appoin		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
								\
Signature, typed or printed name of registered				signature required				50,11,10
					ADDITIONS/CHANGES TO OFFIC	JERS ANI		Addition
1.	L] DE			-			☐ Charige	
		1.2 N	AME					
		1.3 S	STREET A	DORESS				1
ODESSA FL 33556				ZIP		_	□ Ch	Addition
	<u></u> DEI	LETE 2.1 TI	ITLE		_		☐ Criange	☐ Addition
		2.2 N	IAME			<u> </u>		
		2.3 \$	TREET A	DDRESS				ĺ
		2.40						I .
		2.40	CITY-ST-	ZIP				
	DEI			ZIP			☐ Change	Addition
t	☐ DEI		TTLE	ZIP			☐ Change	Addition
	☐ DEI	3.1 TI 3.2 N	TTLE				☐ Change	Addition
	□ DEI	3.1 TI 3.2 N 3.3 S	TTLE JAME	DORESS				
	□ DEI	3.1 TI 3.2 N 3.3 S 3.4 C	TILE LAME STREET A CITY-ST-	DORESS			☐ Change	Addition
		3.1 TI 3.2 N 3.3 S 3.4. C LETE 4.1 TI	TILE LAME STREET A CITY-ST-	DORESS				
		3.1 TI 32 N. 3.3 S. 3.4. C. LETE 4.1 TI 4.2 N	TTLE CAME STREET A CITY-ST-	DORESS ZIP				
		3.1 TI 3.2 N 3.3 S 3.4.C LETE 4.1 TI 4.2 N 4.3 S	TITLE LAME STREET A CITY-ST- TITLE NAME	DORESS ZIP DORESS				
		3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C	TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	DORESS ZIP DORESS	and the same of th			
	□ DEI	LETE 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C LETE 5.1 TI	ITLE IAME STREET AI CITY-ST- ITLE NAME STREET AI CITY-ST-2	DORESS ZIP DORESS	- mer - m		☐ Change	Addition
	□ DEI	LETE 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C LETE 5.1 TI 5.2 N	ITLE IAME STREET AI CITY- ST- TITLE NAME STREET AI CITY- ST- ZITLE	DORESS ZIP DORESS	- come - Copper		☐ Change	Addition
	□ DEI	LETE 3.1 TI 32 N 3.3 S 3.4. C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TITLE STREET AI CITY-ST- TITLE NAME STREET AI CITY-ST-2 TITLE NAME	DORESS ZIP DORESS ZIP DORESS	and the same of th		☐ Change	Addition
	□ DEI	LETE 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C LETE 5.1 TI 5.2 N 5.3 S 5.4 C	TITLE STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST-2 TITLE NAME STREET AL CITY-ST-2 TITLE NAME STREET AL CITY-ST-2	DORESS ZIP DORESS ZIP DORESS	The same of the sa		☐ Change	Addition
	□ DEI	LETE 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C LETE 5.1 TI 5.2 N 5.3 S 5.4 C	TITLE JAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST-2 TITLE JAME STREET AL CITY-ST-2 TITLE TITLE TITLE TITLE TITLE	DORESS ZIP DORESS ZIP DORESS	The same of the sa	:	☐ Change	☐ Addition
	□ DEI	LETE 3.1 TI 32 N 33 S 34.C LETE 4.1 TI 52 N 5.3 S 5.4 C LETE 6.1 TI 6.2 N.	TITLE JAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST-2 TITLE JAME STREET AL CITY-ST-2 TITLE TITLE TITLE TITLE TITLE	DORESS ZIP DORESS ZIP DORESS ZIP		:	☐ Change	☐ Addition
	CIRCLE US6 Place of Business #, etc. te Country 25 9. Name and Address of Cu SON, GREGORY K D WINNERS CIRCLE SSA FL 33556 to the provisions of Sections 607 registered agent, or both, in the Siam familiar with, and accept the of Signature, typed or printed name of registered OFFICERS PSTD NELSON, GREGORY K 17040 WINNERS CIRCLE ODESSA FL 33556	CIRCLE 17040 WINNERS CIFODESSA FL 33556 Place of Business 2a. Mailing Addre 26 #, etc. Suite, Apt. #, te Country 27 25 29 9. Name and Address of Current Registered Agent 30N, GREGORY K 0 WINNERS CIRCLE 35A FL 33556 It to the provisions of Sections 607.0502 and 607.1508, Florid registered agent, or both, in the State of Florida. Such chang am familiar with, and accept the obligations of, Section 607.0502 and 607.0502 and 607.0502 and 607.1508, Florid registered agent, or both, in the State of Florida. Such chang am familiar with, and accept the obligations of, Section 607.0502 and 607.1508, Florid registered agent and title of applicable. OFFICERS AND DIRECTORS PSTD	CIRCLE 17040 WINNERS CIRCLE ODESSA FL 33556 Place of Business	CIRCLE 17040 WINNERS CIRCLE ODESSA FL 33556 Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 27 2a. Mailing Address 2b. Suite, Apt. #, etc. 27 2a. Mailing Address 2b. Suite, Apt. #, etc. 27 2a. Mailing Address 2b. Suite, Apt. #, etc. 27 29 30 30 9. Name and Address of Current Registered Agent 30 30 9. Name and Address of Current Registered Agent 31 32 33 34 35 36 37 38 38 38 38 38 38 38 38 38	CIRCLE 17040 WINNERS CIRCLE ODESSA FL 33556 Place of Business	CIRCLE 17040 WINNERS CIRCLE ODESSA FL 33556 DO NOT WRITE 3. Date Incorporated or Qualified 12/08/1998 4. EEI Number	CIRCLE 588 ODESSA FL 33556 DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed 12/08/1998 4. EEI Number 26	CIRCLE 17040 WINNERS CIRCLE ODESSA FL 33556 17040 WINNERS CIRCLE ODESSA FL 33556 2a. Mailing Address

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one attachment with an address, with all gither like empowered.

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/90 Date 813 9206 249 Daytime Phone # (11/30)